

SOUTH DAKOTA WIC RETAILER APPLICATION FORM

INSTRUCTIONS: The owner(s) of a store must complete all of the following information and sign as to the authenticity of this document. Failure to provide information as requested will be grounds for refusal to accept the application for authorization.

APPLICATION DATE:

____/____/____

____ WIC ID #

SECTION A - STORE IDENTIFICATION/OWNERSHIP

1. Store Name _____

2. Mailing Address _____ City & Zip _____

3. Telephone _____ 4. County _____

5. Manager's Name _____

6. Applicant Store or Manager's E-mail Address _____

7. List Current Owner (s):

8. Is the applicant store owned partially or fully by an employee of a local WIC agency or State WIC office? ☐ Yes ☐ No

9. Does the owner own, co-own or manage other stores? ☐ Yes ☐ No

a. If yes, are they authorized WIC Retailers? ☐ Yes ☐ No

b. List WIC ID Number if a. is yes: _____

10. Has the current owner(s), officer(s) or manager(s) ever been convicted of or had a civil judgment for fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims or obstruction of justice? ☐ Yes ☐ No

If YES, attach an explanation identifying the person, date and nature of violation.

11. Including this store, has the current owner(s), officer(s) or manager(s) ever owned or managed a business that violated the Food Stamp Program, received a warning letter or was withdrawn, disqualified or assessed a Civil Money Penalty? ☐ Yes ☐ No

If YES, attach an explanation identifying the person, date and nature of violation.

12. What date did (or will) the store open for business under the applying owners? ____/____/____
Mo Day Year

13. What date will the store have the required minimum inventory of approved WIC food items in stock? ____/____/____
Mo Day Year

14. Is the store expected to receive more than 50% of its annual food revenue from the sale of WIC Approved foods? ☐ Yes ☐ No

15. Required sales, register and scanner information:

a. Actual or expected annual gross sales _____

b. Actual or expected annual food revenue _____

c. % from Food Stamp Program _____

- d. % from WIC _____
- e. Number of cash registers _____
- f. Number of scanners _____
- g. Can the Scanner detect WIC eligible foods? ☐ Yes ☐ No

16. What percent of the total annual food revenue does this store anticipate receiving from the following food groups? This includes dried, frozen, canned/jar, fresh, etc.

The total percentage must equal 100%

- _____ A. Meat, Poultry and/or Seafood
- _____ B. Bread Products
- _____ C. Fruits and/or Vegetables
- _____ D. Dairy (milk, cheese) Eggs and/or Cereal
- _____ E. Other food(s) not counted in A-D Specify _____

SECTION B - STORE CLASSIFICATION

1. The following items are required by WIC. Check those currently in stock:

- | | |
|--|---|
| _____ infant formula | _____ juice |
| _____ infant juice | _____ peanut butter |
| _____ infant cereal | _____ eggs |
| _____ dried beans/peas | _____ milk and cheese |
| _____ cereals (hot & cold) | _____ fresh meats, frozen meats, poultry and/or |
| _____ fruits and vegetables (i.e. fresh fruits | fish, (not prepackaged luncheon meats) |
| and fresh vegetables, and canned or frozen vegetables) | |

2. Check one category which best describes the store based on affiliation with a chain or wholesaler, ability to buy in large volume, variety offered stocking patterns and shelf prices:

- _____ Chain (affiliated with national wholesaler)
- _____ Commissary (limited to access by military personnel)
- _____ Independent (individually owned and Operated but affiliated with a specific wholesaler)

3. To meet the WIC requirements for a full service grocery store refer to the WIC Retailer Handbook, pages 4-5. The WIC Retailer Handbook can be located at this site <http://www.state.sd.us/doh/WIC/>

SECTION C - FOOD STAMP AUTHORIZATION FOR OWNERSHIP GIVEN ABOVE

Complete/Check One:

Food Stamp Authorization Number

☐ Applied For

SECTION D - MAJOR GROCERY, DAIRY, AND FORMULA SUPPLIER

Dairy	Address-City, State	Telephone Number
_____	_____	_____
Grocery	Address-City, State	Telephone Number
_____	_____	_____
Infant Formula	Address-City, State	Telephone Number
_____	_____	_____

Delivery Days: _____

For Approved infant formula supplier refer to <http://www.state.sd.us/doh/WIC/>

SECTION E - STORE OPERATIONS

1. Store Hours/Days of Operation: _____

2. Number of Section Managers/employees working at the store: _____

SECTION F - AUTHORIZATION

Who is authorized by the owner(s) to:

Sign WIC Contracts	Submit Food Price Information
Train Store Personnel	Supply Inventory Information

Federal Employer Identification Number _____ or Owner's SSN ____ - ____ - _____

SECTION G - CERTIFICATION AND SIGNATURE OF OWNER

1. I understand that I apply for authorization for this store to participate in the WIC Program, that I have authority to enter into contracts for.
2. I have reviewed and understand the WIC program policy/procedures as outlined in the Retailer Management Handbook, and the penalties for violating the regulations.
3. I understand that I am not to accept WIC checks until I have received written notification from the WIC Program that I have been approved for authorization as a WIC Retailer.
4. I accept responsibility on behalf of the store for WIC regulation violations committed by the store's employees, including new and part time, paid or unpaid.
5. I know that the store's authorization can be revoked or terminated by the South Dakota WIC Program for any violations of the WIC Program regulations by me or by any of the people working in the store.
6. I pledge, if the store is authorized as a South Dakota WIC retailer, that the store will comply with WIC regulations.
7. I hereby certify that the information presented in this application is true and factual to the best of my knowledge, information and belief. I understand that misrepresentation of the information contained herein will result in rejection

of this application and/or immediate revocation of the store's WIC retailer authorization.

8. I hereby acknowledge I understand that if it is determined after an agreement has been signed that information contained herein was misrepresented, that my agreement will be terminated for cause.

The South Dakota WIC Program is not obligated to contract with any retailer. Each applicant has the right to appeal the decision if the application is denied. Expiration of an agreement is not subject to appeal.

The Program reserves the right to limit the number of retailers per WIC clinic service area based on the needs of the participants and the State Agency's resources to train and monitor the retailers.

Signed

Date

Print Name

Title